



Care home life, what it's really like!

## Glenholme House



Date of Healthwatch Sunderland visit:  
26<sup>th</sup> February 2019



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## Acknowledgements

Healthwatch Sunderland would like to acknowledge the support of the residents who allowed us into their home and talked openly and honestly with the team. We would also like to thank those staff members, family and relatives who took time out of their day to answer our questions and give their feedback.



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## 1. Introduction

### What is Healthwatch Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents we aim to understand their needs, experiences and concerns of accessing and using local health and social care services. We can then speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right for the future, with health and social care services which meet the needs of the local community.



*We champion what matters to you and work with others to find ideas that work.*

*We are independent and committed to making the biggest difference to you.*





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## 2. Background and rationale

Research carried out in 2016 highlighted that there is a need to provide qualitative information on care homes which goes beyond basic safety standards. It shows that the information needed by people looking for a suitable care home should provide a real sense of what a home may be like to live in.

Since 2017 Healthwatch Sunderland has responded to this need and began carrying out visits to all care homes currently available to older people across Sunderland. The aim is that these visits will be carried out on an annual basis to ensure the findings are current and up to date.

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: [www.healthwatchesunderland.com](http://www.healthwatchesunderland.com).

Professionals and members of the public are also welcome to contact us if they need further information or access to the reports in other formats.

The work is based on 9 indicators which focus specifically on issues of quality, such as how much residents and family can have a say in how the home is run, and whether residents are able to pursue their hobbies etc.

### **The 9 indicators are:**

1. A strong visible management
2. Staff with time and skills to do their jobs
3. Good knowledge of each individual resident and how their needs may be changing
4. A varied programme of activities
5. Quality, choice and flexibility around food and mealtimes
6. Ensuring residents can regularly see health professionals such as GPs, Dentists, Opticians, Chiropodists, Audiologists etc.
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the residents



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### 3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 26<sup>th</sup> February 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

Staff and relatives were also given questionnaires to complete (see appendix 2, 3, 4 and 5).

We engage with local people on an ongoing basis, encouraging them to share their feedback on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

## 4. Findings - Summary

The Healthwatch team collated the survey findings we gathered from residents, their family and friends, staff and Managers and our observations made during our visit. The findings have been scored against the nine indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree



Neutral



Agree



Strongly agree

1.	A strong visible management	 Agree
2.	Staff with time and skills to do their jobs	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Time Agree</div> <div style="text-align: center;"> Skills Strongly agree</div> </div>
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Strongly agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree
8.	An open environment where feedback is actively sought and used	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Strongly agree



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## Findings

Glenholme House is a two storey converted townhouse located on:  
4 Park Avenue  
Sunderland  
SR6 9PU

Telephone: (0191) 549 2594

Provider: Wellburn Care Homes Limited

Website: <https://www.wellburncare.co.uk/>

Facebook: <https://www.facebook.com/WellburnCare/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-126290369>

The home comprises of two floors and provides accommodation for 40 permanent residents and up to 5 day care residents per day. 25 rooms have en suite facilities and there is one double room for a couple.

Residents are encouraged to bring in their own items to furnish and personalise their room as long as items are fire retardant.

Support is provided for people aged 65 years and over, who require residential dementia, old age and day care.

There are three communal lounges and one dining room at Glenholme Lodge. The home has an accessible, secure garden and Wi-Fi is available to residents, however, the home does not have a hearing loop system.

Activities are provided seven days per week by a full and part time dedicated Activities Coordinators.

Residents wishing to have pets are considered on a one to one basis.

Protected mealtimes are promoted within the home. (A period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors).

At the time of our visit there were 40 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 4 residents to fully complete the survey. The team received 6 staff (these being the Manager, Team Leader, Activities Coordinator, 2 Care Assistants and a Domestic Worker) and 5 friends and relatives surveys back. We did invite Care staff to complete the surveys but had none returned.

The results of these surveys are given overleaf:



## Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job  
**The Healthwatch team AGREE this was met.**

When asked by the Healthwatch Team, the four residents who completed the survey had difficulty identifying the Manager but this may have been due to their own individual health or capacity. One resident said that she knew the Manager was a woman but she does not really know her. Another resident commented; “On an ordinary day I would probably recognise the Manager but with all that is going on at the moment I cannot think.”

On entering the home the Healthwatch Team were greeted by a very friendly staff member and although we observed that the home was undergoing significant refurbishment and redecorating across the ground floor, it was sweet smelling and clean.

Three of the relatives who responded to the survey knew the Manager by name, one relative knew the Manager but did not know her name and the friend who completed the survey said they had no idea who is the Manager of Glenholme House.

All relatives gave positive responses when asked about the Manager at the home, comments included;

“She is very approachable and good at answering questions.”

“Sonia and Managers before her have always kept us informed and are easily approachable.”



“She is always ready with a smile and if I visit during office hours she always greets me. She is present around the home and greets the residents by name.”

“I have not had much contact with the Manager as I normally visit after work. The few interactions I have had, she has always been friendly, polite and does listen.”

When the Healthwatch Team asked staff about support they received from the Manager, all staff members who completed the survey agreed that they receive good support from their Manager.



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When asked about their experiences of talking to the Manager about any questions or issues, staff gave the following comments;

“My Manager is a very open person, who I feel is very approachable when asking questions or raising any issue.”

“Very good at dealing with any issues or questions.”

“My Manager is very approachable, I feel very comfortable talking to her about any issues.”

When asked what attracted her to the role of Care Home Manager, the Manager said; “I had already worked for one of our homes in Yorkshire and wanted to progress to Manager, still within our company.”

The Manager explained that she had been in post for fifteen months and commented about what she enjoys about the role, saying; “I enjoy making our residents happy and content and to have our home running smoothly.”

## **Indicator 2 - Staff with time and skills to do their jobs**

The indicator states that staff should be well trained, motivated and feel they have the resources to do their job properly.

**The Healthwatch team gave staff time an AGREE rating and staff skills a STRONGLY AGREE rating.**

When asked about staff at the home, all residents who completed the survey gave positive responses, including;

“Lovely, they are no bother, all very nice.”

“Very good, happy with staff.”

“Very caring but they are very busy.”

When asked if staff have the time to sit and chat, resident respondents gave mixed responses, including;

“Yes, if I wanted to.”

“Yes if I wish, but I am comfortable with everything.”

“No, they don’t have the time.”

When asked if they feel staff at the home have the time they need to care for their relative or friend, respondents gave mixed comments, including;

“Yes, seems to be plenty of staff.”

“Absolutely, all staff, bar none have been caring and at times very patient with my mother.”



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“This is not straightforward. The Staff are utterly devoted to the residents, but if an emergency buzzer sounds it usually involves at least two members of staff, leaving too few on the floor, who then have more to do, so cannot necessarily share their time as equally as they would like. I know they would love time to actually chat to residents and form real human relationships. They do the best they can which is above and beyond.”

“Staff members are always very busy. Even though they are on the go all the time they do try to give their time to residents and visitors alike.”

When the Healthwatch Team asked if they feel staff at the home have the necessary skills to care for their relative all relatives and friend respondents agreed that they do. Comments Included;

“All levels of staff appear to be suitably qualified.”

“My Dad has Parkinson’s, so he struggles with mobility, especially getting in and out of chairs unaided. It never ceases to amaze me how easily they can get him up and moving. They have excellent people skills and are fantastic at dealing with varied and complex emotional and physical needs; again, they go above and beyond.”

“Yes I am confident in all their abilities.”

When staff were asked if they feel they have enough time to care for residents, two staff members agreed that they do, one staff member stated that they do have enough time although she would like more and one staff member said ‘most of the time.’

When the Healthwatch Team asked the Activities Coordinator if he has enough time to provide varied activities for residents, he stated “Yes, I am able to plan and implement a varied activity programme.”

When the Healthwatch Team asked staff if they are encouraged to develop their skills, all staff members agreed that they are, through undertaking training. The Activities Coordinator commented; “Yes, we are always training to develop new skill sets as well as receiving emails regarding the latest in activity programmes.”

When staff were asked what they enjoy about their job, three staff members said they liked everything about their job, one staff member did not answer this question and one commented; “The satisfaction of making residents happy.”

The Healthwatch Team asked the Manager about the ways staff are encouraged to develop their skills, she said; “I encourage staff to progress to the next level, encourage their potential and offer extra training.”

When asked how she ensures staff have enough time to care for residents, she stated; “Watch my staff levels, increase staff where needed, access on a day to day basis and get extra staff in if needed. All of our staff members are trained in care, so we pull staff from other departments.”



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### **Indicator 3 - Good knowledge of each resident and changing needs**

The indicator states that staff should be familiar with resident's histories and preferences and have processes in place for how to monitor changes in health and wellbeing.

**The Healthwatch team AGREE this was met.**

When asked do staff know your personality, likes and dislikes, residents comments included;

“Not sure.”

“A little bit, I dress myself.”

“They know me quite well. I pick my own clothes, I like to be coordinated.”

When relatives and a friend were asked if the staff know their relatives life history, personality and health and care needs well, all agreed that they do. Comments included;

“They know Dad extremely well, they are great at getting him to talk about himself. They all say how lovely he is, which he is and they have recognised his sense of humour, likes and dislikes. They are quick to inform me of any change in Dad's dementia or Parkinson's and with any feedback from any medical appointments.”

“They certainly know all about my Mother's needs and continually assess.”

“Well, they ask and do reports and assessments, sit with relatives and tell them what's in report and assessments.”

When asked if staff at the home notice and respond to changes in their relatives or friends needs and if relatives or friends are informed of any changes, all relatives and a friend agreed that this is so. Comments included;

“Yes they do respond to changing needs and they keep me informed by showing me videos of what she has been doing.”

“Yes we receive phone calls and are regularly asked to call into the office should the need arise.”

“Yes, they noticed some issues with toileting, for example and quickly identified that it is a Parkinson's issue with fastenings rather than an incontinence issue. They ring me to inform on any changes.”

“Yes they notice and inform me, and if Mum has a low mood day, that is reported as well as when Mum has a good day.”

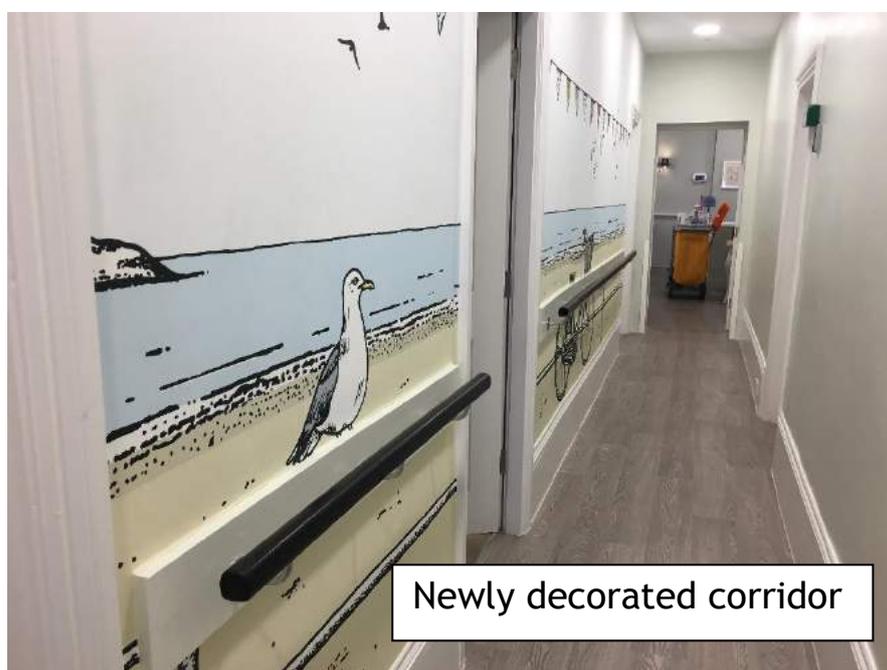
Staff members who completed the survey informed the Healthwatch Team that they get to know residents' life history, personality and healthcare needs by reading through their care notes and completing a life story by talking with either the resident or the resident's family or friends, at handover, assessments and care



plan. One staff member stated; “Staff are reminded to read before giving any personal care.”

When asked how she ensures staff get to know a residents life history, personality and health care needs when the resident first arrives at the home, the Manager said; “At pre admission, we speak to family and friends, advocates and complete a life story. We give staff time to sit and chat with residents, staff read care plans to familiarise resident’s needs.”

The Healthwatch Team then asked the Manager how information about a resident’s likes/dislikes and their health and care needs are updated as they change and how are they passed on to staff, the Manager replied; “Updated and evaluated at a minimum of monthly basis. Any changes are handed over to staff at daily handovers and at staff meetings.”



#### **Indicator 4 - A varied programme of activities**

The indicator states that care homes should provide a wide range of activities (and ensure residents access these) in the home and support residents in taking part in activities outside the home.

**The Healthwatch team STRONGLY AGREE this was met.**

When asked about activities at the home, residents explained what is available to them, including; cooking, making pizzas, painting, card games, singers, games and films on the big screen. Comments included; “I like to do tasks, staff show me how to do things and then they come to check them.”

The Healthwatch Team observed this resident folding napkins, she appeared to be enjoying her task.



Residents also informed on activities outside of the home. Comments included;

“I like going for walks by the sea with staff.”

“I go out with my family and I went to Durham Cathedral with the staff.”

“I have been asked to go out but I don’t want to go.”

All resident respondents agreed that it is easy to join in with activities, but sometimes they don’t want to participate. One resident commented; “Yes they tell me what is going on but sometimes I like my own space. I don’t like to compete with people.”

All but one resident respondent agreed that they like to spend time in the garden during the summer months. One respondent said they do not like going into the garden as they did not think their wheelchair would fit through the door space.

Members of the Healthwatch Team pointed out to the resident in question that there are patio doors out into the garden should she wish to spend time there.

Residents went on to explain the hobbies they enjoyed before they moved into the home.





Comments included;

“I used to like playing tennis, but I cannot see very well now. I like to walk and to talk to people but I like quiet times as well.”

“I can’t manage my hobbies now, I used to love to knit.”

“I used to like to dance and was in the church club.”

“I do read books and I used to love to drive.”

When the Healthwatch Team asked relatives and a friend what they think about activities available to residents both inside and outside the home, responses were positive.





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Comments included;

“Activities are really good, she gets taken out on the minibus and they go out for walks.”

“They seem fine and there is a funded bus for regular trips out. Today they did a communal crossword and word game for all to engage.”

“I know they book different groups to come in to run activities, as well as organise things in house, including trips out. However, if there is illness or holidays resulting in the Activities Coordinator being absent, staff struggle to arrange activities as they have other pressures on their mind.”

“There are activities most days, quizzes, making pizzas, singers etc.”

When asked what encouragement is given to their relatives or friends to take part in activities, respondents gave the following comments;

“Always encouraged and supported.”

“Staff circulate all the time to ensure all are involved.”

“All the residents are encouraged to take part in activities. The staff team are enthusiastic with them.”

“Mum is asked to be involved, but she will only take part if it captures her imagination.”

When asked if residents continue to enjoy any previous pursuits, relatives and a friend indicated that due to their relatives/friends own individual health or capacity their interest and hobbies have declined. Comments included;

“No, this is due to illness not the care home.”

“My Mother does not have many interests or pets but has been encouraged to get involved and there are resident pets which are nice.”

“No, but he is not physically capable of going on long walks anymore, or playing the piano. However, I take my dogs to visit every time I go, which he loves.”

“Mum’s hobbies have declined due to her mobility problems.”

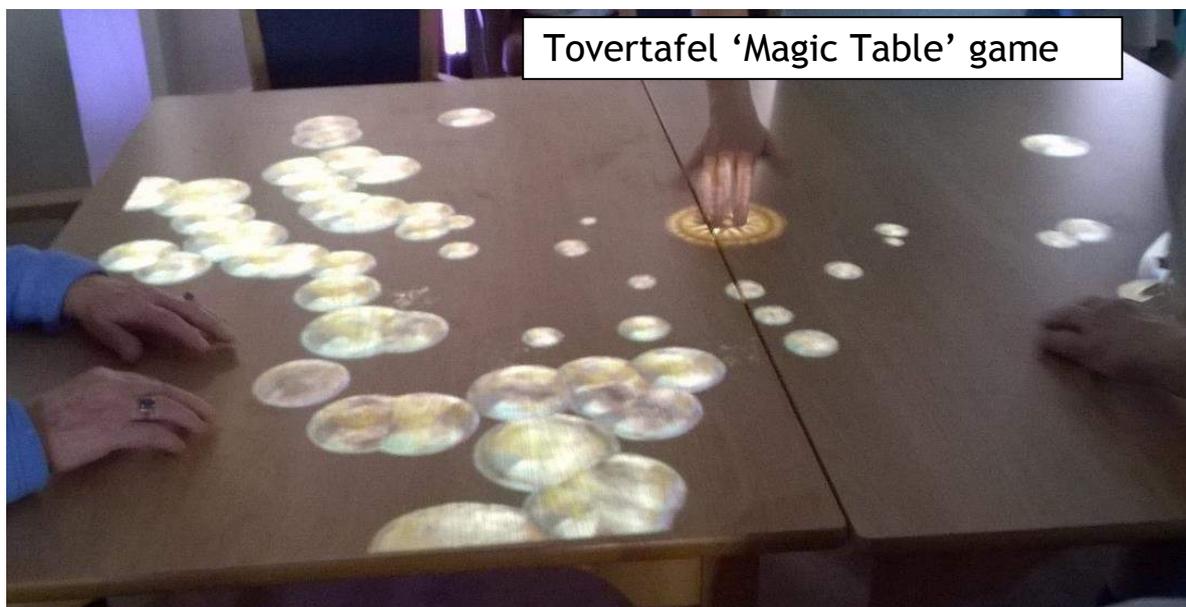
When the Manager, Activities Coordinator and staff were asked about activities for residents at the home, they all agreed that there is a range of activities available both inside and outside the home.

The Activities Coordinator commented; “We offer regular entertainers, arts and crafts with specialised artists, social nights, quizzes, reminiscing, games, X box, movies on big screen, specialist dementia toys such as link and lace and magnetic writing boards, making and baking, aromatherapy, animal visits and lots more.”

During the Healthwatch visit the Activities Coordinator showed the Healthwatch Team a new interactive light game for people with mid-to late-stage dementia called a “Tovertafel”.



The Healthwatch Team also observed as residents appeared to be enthralled and animated by the 'Magic Table' which was encouraging participants to touch flowers, pop bubbles and catch fish.



The Activities Coordinator went on to say that activities outside the home included; "Regular trips to various attractions, we are busy implementing swimming and 'sit and b fit' classes as well as meeting residents individual goals."

When asked what provision is made for residents who cannot or do not wish to take part in group activities, the Manager and Activities Coordinator stated that there are numerous one to one activities and 'The Daily Chat Newspaper' is delivered to residents rooms. Residents with limited physical capabilities have activities adapted to their needs, they also stated that they try to encourage everyone to join in.

When asked 'How do you ensure residents have the opportunity to continue with any hobbies or interests' the Manager and Activities Coordinator stated that this is accomplished by completing life stories, through individual goals and tailoring the activity schedule to residents' wants and needs. The Manager commented; "We will go all out to encourage our residents to continue anything that they used to



enjoy, we have a project going called ‘Work Matters’ which is about getting our residents back into a job they used to do, so they can see how things have changed.”



## Indicator 5 - Quality, choice and flexibility around food and mealtimes

The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

**The Healthwatch team AGREE this was met.**

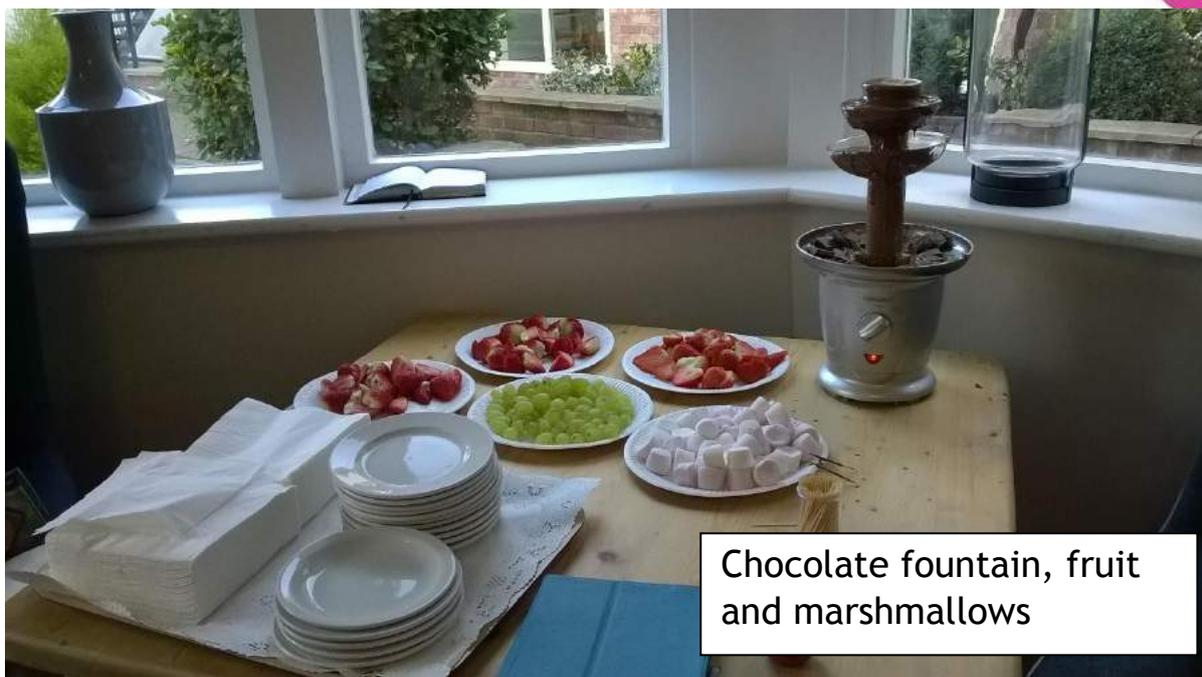
All but one resident respondent gave positive responses when asked about the food at Glenholme House, their comments included;

“The food is fine, no problems.”

“I enjoy the food it is very good.”

“Not that struck, the portions are small.”

The Healthwatch Team observed as staff offered a selection of biscuits, cheese and crackers, tea, coffee and wine to residents and their visitors. There was also a chocolate fountain with fruit and marshmallows available in the lounge, residents were being served by one of the Activities Coordinators who knew each resident by name and was chatting and having fun with them.



Chocolate fountain, fruit and marshmallows

The majority of relatives and a friend who responded to the survey agreed the quality, choice and flexibility around food and mealtimes at the home is good. Comments included;

“My mother eats well, probably better than when at home and they all get plenty.”

“It looks really good. I think hot drinks should be more frequent throughout the day.”

“I have been assured that the meals are calorific based, but to be fair mum is not keen on food.”

All relatives and a friend responded positively when asked if they were confident that their relative is supported to eat and drink as much as needed, their comments included;

“Very, the Care Assistants do try and they try to provide a variety if they can.”

“Very confident, no issues there.”

“Staff are always present when residents are eating and can spot and deal with any issues. Dad, however, is capable of feeding himself.”

When asked how the home ensures that mealtimes are sociable, relatives and a friend who responded to the survey commented;

“Normally all residents eat in the main dining room, but meals can be taken in their room.”

“They all appear to sit together if appropriate.”

“If residents are able to leave their room, they dine together.”



“When asked what they think about the quality and choice on offer to residents, all staff who completed the survey agreed that the choice of food is good. Comments included; “Good quality, but should go back to home cooked food which residents enjoy more. I have spoken with the Manager who is looking at menus.”



When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, staff responses included;

“By going round with the tea trolley, with tea, coffee and snacks, we also have fruit bowls on tables in the lounge and hallways.”

“By making sure residents have the correct cutlery and plates.”

“By offering encouragement.”

The Healthwatch Team asked staff about the choices residents on what and when they eat and drink. Staff stated that residents are always given a choice and are asked their preferences. Staff went on to say that residents make their own choice about where and how they eat and drink, they are asked if they would prefer the dining room or if they would like to eat in their own room or the lounge.

When asked, staff said that mealtimes are made sociable by residents sitting together with friends, ambient music playing in the background and by staff being polite, sociable and by meeting resident’s needs.



The Manager went on to say that residents are supported to eat and drink both at mealtimes and outside of mealtimes by being familiar with residents who need extra support, by kitchen staff serving meals as this gives care staff more time to assist residents. There are snack trolleys four times a day and residents can request food and drinks at any time.

When asked about the choices residents have about what and when they eat and drink, the Manager stated; “We try to promote mealtimes, however, this can be changed depending on what is going on in the home and individual choice.”

The Manager added that residents can choose to eat where they wish, residents will be given visual options, but they can choose something they would like.

When asked does the home have permanent drink stations available to residents’ the Manager explained that fresh fluids and water dispensers are available around the home and that she ensures mealtimes are sociable by staff having conversations with residents throughout the meal experience.





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## Indicator 6 - Regular access to health professionals (GPs, Dentists, Opticians, Chiropodists, Audiologists etc.)

The indicator states that residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

**The Healthwatch team STRONGLY AGREE this was met.**

When asked about regular access to Dentists, Opticians, Chiropodists, Audiologists and other health professionals, all residents agreed that they do have access to health professionals. Comments included;

“The Optician comes here and I could see the Dentist when needed.”

“I see the Optician and have hearing aids from a local provider, but they are not too good.”

“I have had my eyes tested and have got hearing aids.”

All residents agreed that they have support when needing to see a GP or go to hospital appointments and that they will be accompanied by staff or a family member.

All relatives who responded to the survey indicated that they are happy with the access to a range of healthcare professionals available at the home. The friend did not respond to this part of the survey. Relative’s comments included;

“Yes since being here Mum has been to Doctors, had her feet done and has been taken to hospital for a Parkinson’s review.”

“My mother has certainly seen a Doctor on a number of occasions, been taken to the hospital twice, also the Chiropodist and Audiologist.”

“There are no barriers to Dad seeing any health professional.”

When asked about access to health professionals, all staff who completed the survey agreed that residents have access to all health care professionals, including a GP who makes visits to the home on a fortnightly basis.

When the Healthwatch Team asked the Manager about regular visits from health professionals she said; “We have regular ward rounds with our aligned GP. We have our own Opticians who visit regularly or as needed as does the Chiropodist, the Dentist visits as and when needed and Nurses come into the home daily.



## Indicator 7 - Accommodate resident's personal, cultural and lifestyle needs

The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn't make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team AGREE this was met.**

When the Healthwatch team asked residents if their culture and lifestyle needs are respected at the home, all gave positive responses, including;

"I choose my own clothes and get myself dressed, I have always been fashionable. The laundry service is good, I get my hair styled once a fortnight and I sometimes get my nails done."

"I believe in God and receive Holy Communion once a month here. I have my hair styled here, they do my own nails and the laundry service is good."

"I used to go to church. I have my hair done here every week and staff do my nails, the laundry service is good."

"I am religious when I am desperate! I have my hair done here but I bite my nails."

Two relative respondents stated that their relative doesn't have any specific personal, cultural or lifestyle needs, a friend and two other relatives stated that some residents do have such needs and that they are met at the home. All respondents agreed that there is an onsite hairdresser. Comments included;

"Dad was active in the Methodist Church. I take Dad to church most Sundays, when he is able to come. There is a Communion Service which takes place in the home. I would like Dad to have visits from our Minister, but that is down to the Minister not the home."

"Yes, she gets to see someone from the clergy at the home, they accommodate residents a lot."

"Mum has her hair styled weekly at the Glenholme salon."





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When asked about the laundry system at the home, relatives and a friend said, brilliant, very good, slight mix ups but gets it eventually. Comments included;

“We have only had a couple of items go astray both ways.”

“Dad has clean clothes. Occasionally he is in clothes which aren’t his, but from what I can tell, it’s because he has spilled food or had a toilet accident - as long as he is clean and dry.”

When asked if their friend/relative is always clean and appropriately dressed all relatives and a friend respondent agreed that this is the case. Comments included;

“Always appropriate and clean until mealtimes, when his Parkinson’s can cause spills. Sometimes he is resistant to getting changed, but as long as he is changed after a toilet accident, I have told the staff not to worry.”

“Yes to both.”

When asked how residents’ religious and cultural needs are met, staff respondents said residents are asked their preferences, representatives from the church make visits to the home and some residents go out to church services and there is regular entertainment at the home.

The Manager stated this is accomplished by information gained in the life story and also from families, she added that residents’ cultures are valued and that any needs are assisted as to residents’ wishes. She said; “There are a few vegetarians at the home and we make sure that staff members are aware of their nutritional requirements and no meat is given.”

When asked about provision for residents to regularly get their hair cut/styled, the Manager replied; “We have our own hairdresser who visits on a weekly basis.”

The Manager went on to say that she ensures that the laundry staff get the residents own clothes back to them by ensuring all clothes are labelled and laundry staff return items to the correct room. She added that there are mechanisms in place to ensure residents are always clean and appropriately addressed by staff assisting residents and helping them to choose what they would like to wear. They also ensure that clothes are sent to the laundry regularly.

## **Indicator 8 - An open environment where feedback is actively sought and used**

The indicator states that there should be a mechanism in place for residents and relatives to influence what happens in the home, such as a residents and relatives committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

**The Healthwatch team AGREE this was met.**

When asked if management or staff ask what you think about the home or are you happy, all resident respondents agreed that they are happy, comments included;



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“I am very happy.”

“No one has asked but I am as happy as I would be in any care home.”

When asked if there was anything that needed to be changed at the home, all residents agreed that there is nothing they would change about the home. They added that they would know what to do and who to approach should the need to raise a complaint or concern. Comments included;

“Nothing to change, but I would know what to do about any concern. If I wanted to make a complaint I would tell the staff.”

“I would find out how to make a complaint and without a doubt I would do it.”

“I would tell the Manager.”

“It works pretty well, but they should listen more to residents. If I needed to complain I would go to the Manager or staff.”

When asked, all relatives and a friend who responded to the Healthwatch survey agreed that they feel welcome participants in life at the home, their comments included;

“Very much so and we attend all social occasions.”

“Yes, although I would like access to the relatives kitchen.”

When asked how they can have a say in how the home is run or give feedback, the friend did not answer this part of the survey and relatives gave the following responses;

“They are very open about things, have a newsletter available in the home and regularly mail me too.”

“The established routine is good, but if I wanted anything for Mum, or any resident I would just ask.”

“I chat with the staff all the time and always flag anything I am unsure about. There are occasional relatives meetings.”

“Website for feedback, the staff and the Manager.”

When asked how they would make a complaint about any aspect of the home, management or staff if they needed to, the friend did not answer and relatives gave the following responses;

“I would do it face to face, however I have never had the need to.”

“First I would talk to the Manager.”

“They have a complaints procedure.”

“See the Manager or staff.”



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The Healthwatch Team asked relatives and the friend if they would feel comfortable to make a complaint and also confident that it would be acted upon.

The friend did not answer this part of the survey, all relative respondents agreed that they would feel confident to make a complaint and that it would be acted upon, however one relative stated; “Yes, although not as quickly as one would like.”

When asked how residents’ and their family can have a say in how the home is run, staff stated that there are regular family meetings and reviews, residents giving their views to management and staff and by using the visitors suggestions box to leave any concerns or reviews.

When asked how a resident or family member has influenced how the home is run, one staff member said; “By suggesting different activities.”

When asked how staff have a say in how the home is run, staff respondents stated this is carried out by raising any suggestions at staff and team leader meetings and by the use of a concerns box.

The Activities Coordinator added the ways in which family and friends can have a say in what activities are delivered both inside and outside the home; “By regularly holding ‘rate my care home’ card game and through holding frequent meetings to review and evaluate any activities.”

The Manager said that this is attained by holding regular meetings, by listening to staff and by trying to change things where needed; “We have regular meetings with families and they can come into the office anytime.”

When asked how she makes use of feedback or complaints from residents and relatives, the Manager stated; “Any complaint is logged and acted upon immediately, then I will contact the relative with feedback.”

## **Indicator 9 - Provide a physical environment which is suitable for the needs of the residents**

The indicator states that care homes should be suitable for their resident’s needs. Be comfortable, homely, well maintained with high standards of hygiene.

**The Healthwatch team STRONGLY AGREE this was met.**

When asked about living conditions at the home, all residents agreed that the home is always clean and tidy and kept at a suitable temperature, one resident commented; “If the temperature it wasn’t suitable I would just ask them to change it.”

When asked if the home is kept at a suitable temperature, all relatives and a friend respondent agreed that the temperature is comfortable. Comments included; “Yes, a bit hot for me though, Ha!”



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All relatives and a friend agreed that the home is always hygienically clean and tidy, well decorated and maintained. Relatives commented;

“Yes, they are carrying out major maintenance work at the moment which will improve the home more, the home is clean and never smells.”

“Yes, building work going on at the moment but managed with minimum disruption to the residents.”

When asked when the Healthwatch Team if they think the home is a dementia friendly environment, all relatives and a friend agreed that it is and gave the following comments;

“I am unsure, I have had no dealings with dementia.”

“Yes, but it is also pleasant for residents at a lesser level of dementia.”

When staff were asked how the home is made dementia friendly, they said by having a good team to work with and one staff member commented; “The building is designed with dementia in mind.”

When asked how she maintains a comfortable temperature within the home, the Manager stated; “We have thermometers in resident’s rooms which are checked on a daily basis by housekeeping staff and windows are opened where needed.”

The Healthwatch Team asked the Manager how she ensures the building and its contents are well maintained and decorated, she explained; “We have a handyman who regularly decorates throughout and will touch up where needed. Staff write in the maintenance book what needs to be done.”

When we asked the Manager how she ensures the home is always hygienic and clean, she said; “The Housekeeper does checks and all Domestic staff have paperwork to complete; Managers do weekly walk around and Team leaders do daily walk around.”



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## 5. Appendices

### Appendix 1 - Questions for residents

1. Who is the Manager of the home?
2. What do you think of the Manager?
3. What do you think about the staff here?
4. Do the staff have the time to stop and chat with you?
5. Do the staff know what you need and what you like and don't like? (Your daily routines, personality, lifestyle, clothing etc.)
6. What activities are there for you in the home?
7. What activities are there outside the home? (Groups, trips etc.)
8. Is it easy to join in the activities?
9. If you would like to use the garden are you able to?
10. Do you get a chance to do any of the things you used to enjoy before you came here? (I.e. bringing in pets, hobbies, interests etc.)
11. What do you think of the food here?
12. Is there enough choice of what you eat and when you eat?
13. Where do you eat your meals? (Is it your choice to eat there?)
14. Do you enjoy mealtimes? (What do like/dislike about mealtimes?)
15. Have you seen a dentist to check your teeth or an optician to check your eyes or an audiologist to check your hearing recently?
16. What happens if you need to see a doctor or have an appointment at the hospital?
17. Is there respect for your religion or your culture here in your home? E.g. Are you able to wear your own clothes, get your hair/nails done, have a shave, are the laundry staff good at getting your own clothes back to you?
18. Is the home always clean and tidy?
19. What is the temperature like here? Are you ever cold or too warm?
20. Do you get asked what you think about the home or if you are happy?
21. Would you like to change anything about the home? Have you told anyone about this and what happened?
22. What would you do if you wanted to make a complaint about the home?



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## Appendix 2 - Questions for Managers

1. **Have strong, visible management**  
What attracted you to the role of care home Manager/Deputy Manager?  
What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**  
In what ways do you encourage staff to develop their skills?  
How do you ensure staff have enough time to care for residents?
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?  
How is information about a resident's likes/dislikes and their health and care needs updated as these change and passed on to staff?
4. **Offer a varied programme of activities**  
What activities are available for residents inside and outside the home?  
Does the home have access to its own transport and able to use this for trips and activities outside of the home?  
What encouragement and assistance is given to residents so that they can take part in activities?  
How are residents supported to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets?
5. **Offer quality, choice and flexibility around food and mealtimes**  
How do you ensure high standards of quality and choice of food?  
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?  
What choices do residents have about what and when they eat and drink?  
What choices do residents have about where and how they eat and drink?  
Does the home have permanent drink stations available to residents?  
In what ways do you ensure that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about visits from all health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
How does the home find out about and cater to residents' cultural, religious and lifestyle needs?  
Can you give an example of how these have been accommodated?  
What provision is there for residents to regularly get their hair cut/styled?  
How do you ensure that the laundry staff get the residents own clothes back to them?  
What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family have a say in how the home is run?  
How do you make use of feedback or complaints from residents and relatives?  
In what ways are staff able to have a say in how the home is run?
9. **A physical environment suitable for the needs of the residents**  
How do you ensure that a comfortable temperature is maintained in resident's rooms and all communal areas?  
How do you ensure the building and its contents are well maintained and decorated throughout?  
How do you ensure that the home is always hygienic and clean?  
In what ways do you make the home a dementia friendly environment?



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## Appendix 3 - Questions for Care Staff

- 1. Have strong, visible management**  
What support do you receive from the Manager?  
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
- 2. Staff with time and skills to do their jobs**  
Do you feel you have enough time to care for residents? If no, why?  
Are you encouraged to continue to develop your skills? In what ways?  
What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that you and other members of your team get to know a resident's life history, personality and health and care needs when the resident first arrives?  
How is information about a resident's tastes and their health and care needs updated as these change and how do you know if there has been changes?
- 4. Offer a varied programme of activities**  
What activities are available for residents inside the home?  
What activities are available for residents outside the home?  
What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**  
What do you think of the quality and choice of food?  
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?  
What choices do residents have about what and when they eat and drink?  
What choices do residents have about where and how they eat and drink?  
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals**  
Please tell us about visits from all health professionals such as GPs, nurses, dentists, audiology, opticians, chiropodists or other health care support mechanisms?
- 7. Accommodate residents' personal, cultural and lifestyle needs**  
Can you give an example of how the home caters for resident's religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family/friends have a say in how the home is run?  
Can you provide an example of how a resident or their family member has influenced how the home is run?  
How do you, as a member of staff have a say in how the home is run?
- 9. A physical environment suitable for the needs of the residents**  
How is the home made dementia friendly?



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## Appendix 4 - Questions for Activities Coordinator

1. **Have strong, visible management**  
What support do you receive from the Manager?  
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
2. **Staff with time and skills to do their jobs**  
Do you feel you have enough time to provide varied activities for residents? If no, why?  
Are you encouraged to continue to develop your skills? In what ways?  
What do you enjoy about your job?
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that you and other members of your team get to know a resident's life history and personality when they first arrive at the home?
4. **Offer a varied programme of activities**  
What activities are available for residents inside the home?  
What activities are available for residents outside the home?  
What activity provision is made for those residents who cannot or do not wish to undertake group activities?  
What encouragement and assistance do you give to residents so that they can take part in activities?  
How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests?
5. **Accommodate residents' personal, cultural and lifestyle needs**  
How are activities tailored to meet a resident's religious and cultural needs?
6. **Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family/friends have a say in what activities are delivered both inside and outside the home?  
Can you provide an example of how a resident or their family member has influenced the provision of a new activity?  
How are the activities provided evaluated to ensure residents are continuing to enjoy them?  
How do you, as a member of staff have a say in how the home is run?
7. **A physical environment suitable for the needs of the residents**  
How is the home made dementia friendly?



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## Appendix 5 - Questions for Friends and Relatives

1. **Strong visible management**  
Who is the Manager of the home?  
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**  
Do you feel the staff have the time to care for your friend/relative? Please explain.  
Do you feel the staff have the skills to care for your friend/relative? Please explain.
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How well do you think the staff know your friend/relative's life history, personality and health and care needs?  
Does the home notice and respond when your friends/relative's needs change?  
How do they let you know about the changes?
4. **Offer a varied programme of activities**  
What do you think of the activities available for residents inside and outside the home?  
Please tell us how your friend/relative is encouraged and supported to take part in the activities.  
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**  
What do think of the quality and choice of food?  
How confident are you that your friend/relative is supported to eat and drink as much as needed?  
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
Does your friend/relative have any specific lifestyle or religious or cultural needs?  
How do you feel the home respects and accommodates these needs?  
What provision is there for your friend/relative to regularly get their hair cut/styled?  
How good are the laundry staff at getting your friends/relatives own clothes back to them?  
Is your friend/relative always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**  
Do you feel that you are a welcome participant in the life of the home?  
In what ways can you and/or your friend/relative have a say in how the home is run or give feedback?  
How would you make a complaint about any aspect of the home, management or the staff if you needed to?  
Would you feel confident to make a complaint and do you think it would be acted on appropriately?
9. **A physical environment suitable for the needs of the residents**  
Do you always find the home at a comfortable temperature for residents?  
Is the home always hygienically clean and tidy?  
Is the home always well decorated and well maintained?  
Do you think the home is a dementia friendly environment?



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**DISCLAIMER:**

- The observations made in this report relate only to the visits carried out.
- This report is not representative of all residents' views; it only represents the views of those who were able to contribute within the time available.

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